

.1114605

United States Securities Exchange Commission Washington, DC 20549

FORM D

NOTICE OF SALE OF SECURITIES PERSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMB APPROVAL

OMB NUMBER 3235-0076

May 31,2005 Expires:

Estimated Average burden hours per response:.....16

SEC USE ONLY

Date Received

Prefix

Serial

Name of Offering (check	k if this is a	an amendment and	name has chan	ged, and in	ndicate chan	ge.)	
american scientific R	ESOURCE	es incorporate	ED - \$1,000,00	0 commor	n voting st	ock	
Filing Under (Check box(es) th	at apply):	[X] Rule 504	[] Rule 505	[] F	Rule 506	[] Section 4(6)	[]ULOE
Type of Filing: [X] New Fili	ng []/	Amendment					en e
		A. BASIC	IDENTIFICATIO	N DATA			
1. Enter the information requ	uested abo	out the issuer				e.;	25214
Name of Issuer (check i	f this is an	amendment and n	ame has change	ed, and ind	icate change	e.)	5000
ame <mark>rican scie</mark> ntific r	ESOURC	es incorporate	ED			· ·	
Address of Executive Offices 83 South Putt Corner	Road, N	New Paltz, New		(8	45) 255-2	200	· ·
83 South Putt Corner Address of Principal Busines (if different from Executive C	Road, Ness Operation	New Paltz, New	York 12561	(8	45) 255-2	200	· ·
83 South Putt Corner Address of Principal Busines	Road, Ness Operation	New Paltz, New	York 12561	(8	45) 255-2	200	· ·
83 South Putt Corner Address of Principal Busines (if different from Executive C	Road, Noss Operation	New Paltz, New	York 12561 Street, City, State	(8	45) 255-2	200 ne Number (Inclu	· ·
83 South Putt Corner Address of Principal Busines (if different from Executive C Brief Description of Business Type of Business Organizati	Road, Noss Operation Offices)	New Paltz, New	York 12561 Street, City, State	(8	45) 255-2 e) Telephor	200 ne Number (Included	· ·
83 South Putt Corner Address of Principal Busines (if different from Executive C Brief Description of Business Type of Business Organizati [X] corporation	Road, Noss Operation Offices)	New Paltz, New ons (Number and S	York 12561 Street, City, State	(8	45) 255-2 e) Telephor	200 ne Number (Included	uding Area Code)
83 South Putt Corner Address of Principal Busines (if different from Executive C Brief Description of Business Type of Business Organizati [X] corporation	Road, Noss Operation	New Paltz, New ons (Number and S	York 12561 Street, City, State , already formed , to be formed Month	(8	45) 255-2 e) Telephor	ease specify).	uding Area Code)
83 South Putt Corner Address of Principal Busines (if different from Executive C Brief Description of Business Type of Business Organizati [X] corporation [] business trust	Road, Noss Operation (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	New Paltz, New ons (Number and S limited partnership, limited partnership, tion or Organization zation: (Enter two-let	York 12561 Street, City, State , already formed , to be formed Month	Year []] Service at	255-2 E) Telephor [] other (pl	ease specify)	uding Area Code)

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption is predicated on the filing of the federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[x] Promoter	[] Beneficial Owner	[x] Executive Officer	[x] Director	[]	General and/or Managing Partner
Full Name (Last name fi	rst, if individual)	Lordi, Peter				
Business or Residence	Address (Numbe	er and Street, City, St	ate, Zip Code)			
83 South Putt Corr	ier Road, Ne	w Paltz, New Yo	rk 12561			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[x] Executive Officer	[x] Director	[]	General and/or Managing Partner
Full Name (Last name fi	rst, if individual)					
Kenneth E. Hubbard						
Business or Residence	Address (Numbe	er and Street, City, St	ate, Zip Code)	·		
83 South Putt Corr	ner Road, Ne	ew Paltz, New Yo	rk 12561			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[x] Director	[]	General and/or Managing Partner
Full Name (Last name fi	rst, if individual)					
Thomas W. Materna,	, MD					
Business or Residence	Address (Numbe	er and Street, City, St	ate, Zip Code)			***************************************

83 South Putt Corner Road, New Paltz, New York 12561

	al and/or jing Partner	
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·	
Christopher F. Tirotta, MD		
Business or Residence Address (Number and Street, City, State, Zip Code)		
83 South Putt Corner Road, New Paltz, New York 12561		
	al and/or jing Partner	
Full Name (Last name first, if individual)		
Peter E. Blanchard		
Business or Residence Address (Number and Street, City, State, Zip Code)		
83 South Putt Corner Road, New Paltz, New York 12561		
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] Gener Manage	al and/or jing Partner	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
	al and/or jing Partner	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)	· , · · · · · · · · · · · · · · · · · ·	
B. INFORMATION ABOUT OFFERING		
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.	Yes [x]	No [x]
2. What is the minimum investment that will be accepted from any individual?	\$ <u>.01</u>	
3. Does the offering permit joint ownership of a single unit?	Yes [x]	No []
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	none	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

`

•													
Name	of Assoc	ciated Bro	oker or D	ealer									
States	in Which	n Person	Listed H	as Solicite	ed or Inter	nds to Sol	licit Purch	asers		,			
(Checi	k "All Sta	tes" or c	heck indi	vidual Sta	tes)	•••••				[] All State	es	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[iD]	
[/L]	[IN]	[/4 <u>-</u>]	[KS]	[KY]	[LA]	[ME]		[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]		[NC]	[ND]	[OH]	[OK]	[OR]	[PA] X	
[RI]	[SC]	[SD]	[TN]	[TX] X	[UT]	[[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
[, ,,]	[OO]	[00]	[,,,,]	[IV] X	[0.]	[**]	[****]	[vv. q	[***]	[**4]	[***]	1.14	
Full Na	ame (Las	st name f	irst, if ind	lividual)				•					
Busine	ess or Re	sidence	Address	(Number	and Stree	t, City, St	tate, Zip C	ode)	 	· • · · · · · · · · · · ·	<u> </u>		
Name	of Assoc	ciated Bro	oker or D	ealer									
States	in Which	n Person	Listed H	as Solicite	ed or Inter	nds to So	licit Purch	asers					
(Chec	k "All Sta	ites" or c	heck indi	vidual Sta	ites)					[] All State	es	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[/4 <u>2</u>]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[, _] [MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
[171]	[OO]	[OD]	Lital	[17]	[O1]	[4 1]	[AV]	[AAV]	[vvv]	[vvi]	[aaı]	fr 12l	
Full Na	ame (Las	st name f	irst, if ind	lividual)	· · · · · ·			· · · · · · · · · · · · · · · · · · ·					
Busine	ess or Re	sidence	Address	(Number	and Stree	t, City, S	tate, Zip C	code)	· · · · · · · · · · · · · · · · · · ·				
Name	of Assoc	ciated Bro	oker or D	ealer									
States	in Which	h Person	Listed H	as Solicite	ed or Inter	nds to So	licit Purch	asers					
(Chec	k "All Sta	ites" or c	heck indi	vidual Sta	ites)	•••••				[] All State	es	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[СТ]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$_1,000,000	\$ <u> </u>

[] Common [] Preferred	_	
Convertible Securities (including warrants)	\$	_ \$
Partnership Interests	\$. \$
Other (Specify).	\$	_ \$
Total	\$_1,000,000	_ \$0
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		\$
Non-accredited Investors	_	\$
Total (for filings under Rule 504 only)	0	\$ 0
Answer also in Appendix, Column 4, if filing under ULOE.		,
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	!	
	Type of	Dollar Amount
Type of offering	Security	Sold
Rule 505		\$
Regulation A		\$
Rule 504	common stock	\$0
Total		\$0
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	[x]	\$ 2,500
Printing and Engraving Costs	[x]	\$ 500
Legal Fees	[]	\$
Accounting Fees	[]	\$_2,500
Engineering Fees	[]	\$
Sales Commissions (specify finders' fees separately)	[]	\$
Other Expenses (identify) <u>finder's shares – valued at market</u>	[]	\$150,000
Total	[]	\$155,500
b. Enter the difference between the aggregate offering price given in response to Part C and total expenses furnished in response to Part C - Question 4.a. This difference is gross proceeds to the issuer."		\$ 844,500
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in		

response to Part C - Question 4.b above.			
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		[x] \$ <u>120,000</u>	_ []\$
Purchase of real estate			_[]\$
Purchase, rental or leasing and installation of machine and equipment			_ []\$
Construction or leasing of plant buildings and facilities (Expansion of studio sites)	•	[]\$	_ []\$
Acquisition of other businesses (including the value or securities involved in this offering that may be used in exchange for the assets or securities of another issue pursuant to a merger)	r	[]\$	_[]\$
Repayment of indebtedness		[]\$	_ []\$
Working capital			[x]\$ <u>250,000</u>
Other (specify): inventory			_ [.] \$
		[]\$	[x]\$ <u>474,500</u>
Column Totals		[x]\$ <u>120,000</u>	[v] \$ 724 500
Total Payments Listed (column totals added)			844,500
D. F	EDERAL SIGNATURE		
The issuer has duly caused this notice to be signed I 505, the following signature constitutes an undertakin upon written request of its staff, the information furn (b)(2) of Rule 502.	g by the issuer to furnish to th	e U.S. Securities and I	Exchange Commission,
Issuer (Print or Type)	Signature	Date	
	Ser y		
American Scientific Resources Incorporated	<u> </u>	June 16,	2004
Name of Signer (Print or Type)	Title of Signer (Print or Type	e)	
Peter F. Lordi, Jr.	President		
Intentional misstatements or omissions of f	ATTENTION act constitute federal crir	ninal violations. (Se	ee 18 U.S.C. 1001.)
E.	STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently such rule? See Appen		••••	Yes No

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Stonature	Date
American Scientific Resources Incorporated	J. J. J.	June 16, 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Peter F. Lordi, Jr.	President `	f

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

State AL AK	Yes		(Part C-Item 1)		(i aii	t C-Item 2)	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
AL	Yes			Number of Accredited		Number of Non-Accredited			
		No		Investors	Amount	Investors	Amount	Yes	No
AK I				ļ					
				<u> </u>	<u> </u>				
AZ AR				-					
CA				<u> </u>					
co									
СТ									
DE				 	 		 		
DC									
FL									
GA									
НІ									
ID	<u> </u>				L				
IL	. <u></u>						ļ		
IN IA									
KS				 					
KY	· · · · · · · · · · · · · · · · · · ·			 					
LA									
ME				 	 				
MD				 					
MA									
М									
MN									
MS									
МО									
MT				 					
NE NV				 					
NH							<u> </u>		
NJ					 				
NM					1				
NY									
NC									
ND									
ОН									
ОК									
OR			<u> </u>	_					
PA	<u> </u>		Common stk 1,000,000	<u> </u>		No sales yet			No
RI SC		 		+			ļ		
SD		 		+			 	1	
TN				+	 		<u> </u>		
TX	x		Common stock \$1,000,000		<u> </u>	No sales yet			No

,	VT				T			 	
	VA			<u>"=</u>					
	WA								
	WV								
	WI		 				-		
	WY								
	PR								